



TELEPHONE CONFERENCE REGISTRATION FORM

INTEGRATING “ABC” MESSAGES INTO HIV PREVENTION

FEBRUARY 15, 2006 11 AM - 12:30 PM CENTRAL STANDARD

TO REGISTER COMPLETE THE INFORMATION BELOW AND FAX TO 414-224-5265

or visit our website www.mpres.org

PLEASE PRINT CLEARLY!

SITE COORDINATOR _____

The site coordinator is responsible for duplicating the handouts for all participants at the site and returning the feedback card after the presentation. Dial-in information and a passcode for accessing the handouts on-line will be emailed to the address provided several days prior to the broadcast. If you have a computer available during the broadcast to view the presentation in color, it will be available online 2 days prior to the event.

CLINIC SITE _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____

EMAIL _____

☐ **I DO NOT HAVE ACCESS TO E-MAIL. MAIL HARDCOPY OF MATERIALS TO ABOVE ADDRESS.**

(registrations must be received by February 6th to receive materials)

REGISTRATION FEE (CHECK ONE)

- ☐ No charge – Title X funded site in Arkansas, Illinois, Indiana, Louisiana, Michigan, Minnesota, New Mexico, Ohio, Oklahoma, Texas or Wisconsin
- ☐ \$10 charge – Title X funded site in Iowa, Kansas, Missouri or Nebraska
- ☐ \$20 charge – all others

PAYMENT

- ☐ Please bill me for the above amount
- ☐ Check payable to MPRES is enclosed
Mail registration and check to MPRES

REGISTRATION DEADLINE: FEBRUARY 13, 2006



MPRES

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